

251317

STATE OF SOUTH CAROLINA

RECEIVED BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

(Caption of Case)

Request for Certification of the Use of Universal
Service Funds Pursuant to 47 C.F.R. 54.314 and
Telecommunications Act Section 254(e), Federal
Communications Commission CC Docket No. 96-45
(2014); and Annual Reports for ETC

2014 JUN 03 AM 11:23

COVER SHEET

SC PUBLIC SERVICE
COMMISSION

DOCKET
NUMBER: 2014 - 14 - C

(Please type or print)

Submitted by: Mark Lammert

SC Bar Number:

Address: 740 Florida Central Parkway, Suite 2028

Telephone: 407-260-1011

Longwood, FL 32750

Fax: 407-260-1033

Other:

Email: regulatory@csilongwood.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

- ☐ Emergency Relief demanded in petition
- ☐ Request for item to be placed on Commission's Agenda expeditiously
- ☒ Other: TAG Mobile, LLC - Copy of FCC Form 481

INDUSTRY (Check one)	NATURE OF ACTION (Check all that apply)			
<input type="checkbox"/> Electric	<input type="checkbox"/> Affidavit	<input type="checkbox"/> Letter	<input type="checkbox"/> Request	
<input type="checkbox"/> Electric/Gas	<input type="checkbox"/> Agreement	<input type="checkbox"/> Memorandum	<input checked="" type="checkbox"/> Request for Certification	
<input type="checkbox"/> Electric/Telecommunications	<input type="checkbox"/> Answer	<input type="checkbox"/> Motion	<input type="checkbox"/> Request for Investigation	
<input type="checkbox"/> Electric/Water	<input type="checkbox"/> Appellate Review	<input type="checkbox"/> Objection	<input type="checkbox"/> Resale Agreement	
<input type="checkbox"/> Electric/Water/Telecom.	<input type="checkbox"/> Application	<input type="checkbox"/> Petition	<input type="checkbox"/> Resale Amendment	
<input type="checkbox"/> Electric/Water/Sewer	<input type="checkbox"/> Brief	<input type="checkbox"/> Petition for Reconsideration	<input type="checkbox"/> Reservation Letter	
<input type="checkbox"/> Gas	<input type="checkbox"/> Certificate	<input type="checkbox"/> Petition for Rulemaking	<input type="checkbox"/> Response	
<input type="checkbox"/> Railroad	<input type="checkbox"/> Comments	<input type="checkbox"/> Petition for Rule to Show Cause	<input type="checkbox"/> Response to Discovery	
<input type="checkbox"/> Sewer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Petition to Intervene	<input type="checkbox"/> Return to Petition	
<input checked="" type="checkbox"/> Telecommunications	<input type="checkbox"/> Consent Order	<input type="checkbox"/> Petition to Intervene Out of Time	<input type="checkbox"/> Stipulation	
<input type="checkbox"/> Transportation	<input type="checkbox"/> Discovery	<input type="checkbox"/> Prefiled Testimony	<input type="checkbox"/> Subpoena	
<input type="checkbox"/> Water	<input type="checkbox"/> Exhibit	<input type="checkbox"/> Promotion	<input type="checkbox"/> Tariff	
<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Expedited Consideration	<input type="checkbox"/> Proposed Order	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Administrative Matter	<input type="checkbox"/> Interconnection Agreement	<input type="checkbox"/> Protest		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Interconnection Amendment	<input type="checkbox"/> Publisher's Affidavit		
	<input type="checkbox"/> Late-Filed Exhibit	<input checked="" type="checkbox"/> Report		

Print Form

Reset Form



RECEIVED
2014 JUN 10 12:11:23
SOUTHERN SERVICE
FBI

June 10, 2014

Jocelyn Boyd, Chief Clerk of the Commission
Public Service Commission of South Carolina
Synergy Business Park, Saluda Building
101 Executive Center Drive
Columbia, SC 29210

RE: Docket No. 2014-14-C – Lifeline Certification on FCC Form 481 – Carrier Annual Reporting Data Collection Form on behalf of TAG Mobile, LLC

Dear Ms. Boyd,

Pursuant to FCC requirements under 47 C.F.R. § 54.422, enclosed please find for filing in the above-referenced docket a copy of TAG Mobile, LLC's FCC Form 481 – Carrier Annual Reporting Data Collection Form.

An extra copy of this letter is enclosed to be date-stamped and returned to us in the self-addressed, postage-paid envelope.

If you have any questions regarding this filing, please contact me at (407) 260-1011 or regulatory@csilongwood.com.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Mark Lammert', is written over a horizontal line.

Mark Lammert
Attorney-in-Fact
TAG Mobile, LLC

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**
FCC Form 481
OMB Control No. 3060-0966/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	249022
<015> Study Area Name	TAG Mobile LLC
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Mark Lammert
<035> Contact Telephone Number: Number of the person identified in data line <030>	4072601011 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	regulatory@csilongwood.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.3887	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 249022_SC_Section 510.pdf	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 249022_SC_Section 610.pdf	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	249022
<015>	Study Area Name	TAG Mobile LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@caillongwood.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/>	<input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no)	<input type="radio"/>	<input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

<010>	Study Area Code	249022
<015>	Study Area Name	TAG Mobile LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@calilongwood.com

[illegible]

<010>	Study Area Code	249022
<015>	Study Area Name	TAG Mobile LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lambert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@celllongwood.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

[illegible]

<010> Study Area Code	249022
<015> Study Area Name	TAG Mobile LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035> Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

[illegible]

<010>	Study Area Code	249022
<015>	Study Area Name	TAG Mobile, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@caiongwood.com
<810>	Reporting Carrier	TAG Mobile, LLC
<811>	Holding Company	Amvenays Capital Group, LLC
<812>	Operating Company	TAG Mobile, LLC

Page 6

**(900) Tribal Lands Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	249022
<015> Study Area Name	TAG Mobile LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035> Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	regulatory@calilongwood.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	249022
<015>	Study Area Name	TAG Mobile LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	249022
<015>	Study Area Name	TAG Mobile LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@cellongwood.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www.tagmobile.com

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	249022
<015>	Study Area Name	TAG Mobile LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lemmert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0886/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	249022
<015> Study Area Name	TAG Mobile LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Lammer
<035> Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	regulatory@csllongwood.com

USE COMBINATION OF THESE CHECKBOXES TO INDICATE COMPLIANCE WITH THE REQUIREMENTS OF 47 CFR § 54.313(f)(2). IF THE RESPONSE TO ANY OF THESE CHECKBOXES IS "NO", THE CARRIER SHALL PROVIDE THE INFORMATION REQUESTED IN THE ATTACHED DOCUMENTS TO WHICH THESE CHECKBOXES RELATE. IF THE RESPONSE TO ANY OF THESE CHECKBOXES IS "YES", THE CARRIER SHALL PROVIDE THE INFORMATION REQUESTED IN THE ATTACHED DOCUMENTS TO WHICH THESE CHECKBOXES RELATE.

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan

Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

(Yes/No)

(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	249022
<015> Study Area Name	TAG Mobile LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035> Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: TAG Mobile LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/2014
Printed name of Authorized Officer: Charles Schneider	
Title or position of Authorized Officer: President & CEO	
Telephone number of Authorized Officer: 2143905995 ext.	
Study Area Code of Reporting Carrier: 249022	Filing Due Date for this form: 07/01/2014
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	249022
<015> Study Area Name	TAG Mobile LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035> Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Attachments

(200) Service Outage
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

249022

<010> Study Area Code

TAG Mobile LLC

<015> Study Area Name

2015

<020> Program Year

Mark Lanmert

<030> Contact Name - Person USAC should contact regarding this data

4072601011 ext

<035> Contact Telephone Number - Number of person identified in data line <030>

regulatory@csilongwood.com

<220>

133

ch13

<h2>

<b3>

<b4>

<c1>

<c2

<d>

<e>

1. 1994

—

[illegible]



FCC Form 481

Section 500 – Service Quality Standards & Consumer Protection Rules Compliance

Under FCC Rules, Section 54.202, an ETC must comply that it will satisfy applicable consumer protection and service quality standards. TAG Mobile, LLC (TAG) is in compliance with the Cellular Telecommunications and Internet Association's Consumer Code for Wireless Service.

1. TAG discloses rates and terms of service to customers at the time service is initiated. These same terms and conditions are posted on TAG's website at www.tagmobile.com.
2. TAG provides service availability information on their website at www.tagmobile.com.
3. TAG provides contract terms to subscribers when they initiate service. These same terms are provided to subscribers during the annual recertification process as outlined in Commission rules that govern continued subscriber eligibility.
4. TAG's Lifeline service can be terminated at any time by either party without an early termination fee. Service is dependent on continued eligibility in the program.
5. TAG provides disclosures, minutes included in Lifeline plans, expiration of rollover minutes, availability of service, and cost for additional minutes in all published Lifeline advertising materials.
6. TAG customers are provided options if they exceed the number of minutes provided in their Lifeline plan. If at any time a customer purchases additional minutes, charges and plan options are available on the company website at www.tagmobile.com or by calling customer service at 866-959-4918.
7. TAG's toll-free customer service number is 866-959-4918 and the recertification IVR can be reached by dialing 866-302-5348. Customers can also contact TAG by submitting their information at the "Contact Us" section of their website at www.tagmobile.com or by US mail.
8. TAG responds to all consumer inquiries and complaints received from government agencies within 30 days.
9. TAG has procedures in place to maintain the privacy of subscriber proprietary information in accordance with applicable federal and state laws.



FCC Form 481

Section 600 - Functionality in Emergency Situations

Under FCC Rules, an ETC must demonstrate its ability to remain functional in emergency situations. Since TAG Mobile, LLC is providing service to its customers through the use of facilities obtained from other carriers, it is able to provide to its customers the same ability to remain functional in emergency situations as currently provided by the carriers to their own customers, including access to a reasonable amount of back-up power to ensure functionality without an external power source, re-routing traffic around damaged facilities, and the capability of managing traffic spikes resulting from emergency situations.